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CONFIRMATION NO. 5751

<b>SERIAL NUMBER</b> 10/706,300	<b>FILING OR 371(c) DATE</b> 11/12/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3761	<b>ATTORNEY DOCKET NO.</b> GLAUKO.1C3CP1
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/395,633 03/21/2003 ABN  
 which is a CON of 09/549,350 04/14/2000 PAT 6,638,239  
 This application 10/706,300  
 is a CIP of 10/634,213 08/05/2003  
 which is a CIP of 10/118,578 04/08/2002 PAT 7,135,009  
 and claims benefit of 60/401,166 08/05/2002  
 and claims benefit of 60/451,226 02/28/2003  
 and said 10/118,578 04/08/2002  
 claims benefit of 60/281,973 04/07/2001  
 This application 10/706,300  
 is a CIP of 10/046,137 11/08/2001 ABN  
 which claims benefit of 60/281,247 04/03/2001  
 This application 10/706,300  
 claims benefit of 60/425,911 11/12/2002  
 and claims benefit of 60/431,918 12/09/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*****\*\* 02/09/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 57	<b>TOTAL CLAIMS</b> 45	<b>INDEPENDENT CLAIMS</b> 3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

20995

**TITLE**

OCULAR IMPLANT WITH THERAPEUTIC AGENTS AND METHODS THEREOF

☐ All Fees☐ 1.16 Fees ( Filing )

<b>FILING FEE RECEIVED</b> 1460	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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